

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC☒ CLEC☐ ILEC☐ Wireless

221791

CERTIFICATED COMPANY INFORMATION

LMK COMMUNICATIONS LLC

Company Name

CLARITY COMMUNICATIONS GROUP, INC.

800-852-2597 X101

Dba/fka

Telephone #

9650 STRICKLAND RD STUIE 103-143

Mailing Address

RALEIGH NC 27615

City, State, Zip Code

9209 BAILEYWICK RD SUITE 203

Business Location

RALEIGH, NC 27615

City, State, Zip Code

WAKE

County

REGISTERED AGENT INFORMATION

Registered Agent: CT CORPORATION

Mailing Address: 75 BEATTIE PLACE

City, State, Zip Code: GREENVILLE, SC 29601

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. JENNIFER MENGE

General Manager (Include address if different than above.)

800-852-2597 X101

Telephone Number

800-830-5093

Facsimile Number

JENNIFER@NETWORKCLARITY.COM

E-mail Address

B. SAME AS A.

Customer Relations /Complaints Representative (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C1. SAME AS A.

Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C2. JENNIFER MENGE 800-852-2597 X101

Customer Contact (Toll Free Number)

D. CARL MILLER

Engineering Operations (Include address if different than above.)

919-841-4212

Telephone Number

919-841-4535

Facsimile Number

CARL@NETWORKCLARITY.COM

E-mail Address

E. SAME AS D.

Test and Repair (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

F. CARL MILLER
Emergencies (During non-office hours)
877-925-2748 / 919-841-4535 / CARL@NETWORKCLARITY.COM
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. SAME AS A.
Regulatory Officer (Include address if different than above.)

Telephone Number Facsimile Number E-mail Address

H. SAME AS A.
Dual Party Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

I. SAME AS A.
Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

J. SAME AS A.
Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

K. SAME AS A.
Gross Receipts Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address


L. SAME AS A.
Lifeline Mailings (Name)

Mailing Address

Telephone Number Facsimile Number E-mail Address

JENNIFER MENGE
This form was completed by (print name)

ASSISTANT SECRETARY & ASSISTANT TREASURER
Title


Signature

2/2/2010
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 01/2010)